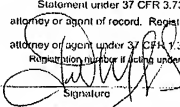


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PTO/SD/22 (07-09)

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|   |   |  |                          |
|---|---|--|--------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4878).)  |   | Docket Number (Optional)<br>59760(47137) |                          |
| Application Number<br>10/031,410-Conf. #2145  |   | Filed<br>June 21, 2002                   |                          |
| For <b>A METHOD FOR SELECTIVE ELECTROFUSION OF AT LEAST TWO FUSION PARTNERS HAVING CELL-LIKE MEMBRANES</b>  |   |  |                          |
| Art Unit<br>1636  |   | Examiner<br>J. S. Kutter                 |                          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |   |  |                          |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |   |  |                          |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))   | Fee<br>\$130                             | Small Entity Fee<br>\$65 |
| <input checked="" type="checkbox"/>   | Two months (37 CFR 1.17(a)(2))  | \$490                                    | \$ 245.00                |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$1110                                   | \$ 555                   |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1730                                   | \$ 865                   |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2350                                   | \$ 1175                  |
| <input checked="" type="checkbox"/>   | Applicant claims small entity status. See 37 CFR 1.27.  |  |                          |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.   |  |                          |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |  |                          |
| <input checked="" type="checkbox"/>   | The Director has already been authorized to charge fees in this application to a Deposit Account.   |  |                          |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> . |  |                          |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                  |   |  |                          |
| I am the <input type="checkbox"/> applicant/inventor.   |   |  |                          |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |   |  |                          |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>53,624</u>  |   |  |                          |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>                    </u>   |   |  |                          |
| Signature<br>  |   | November 6, 2009<br>Date                 |                          |
| Jonathan M. Sparks, Ph.D.<br>Typed or printed name  |   | (617) 517-5543<br>Telephone Number       |                          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Sign multiple boxes if more than one signature is required, see below. |   |  |                          |
| <input type="checkbox"/>  | Total of <u>1</u> forms are submitted.  |  |                          |

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